



SEARCH REPORT

UCC Search Report

Type of Search UCCs and State Tax Liens
Jurisdiction/Filing Office State of Pennsylvania, Secretary of State Uniform Commercial Code Division
Indexed Through May. 14, 2020
Subject Search Name FREDERICK LARRY
Search Key Entered FREDERICK, L

Results

Based on a search of the indices of the Uniform Commercial Code Division of the Secretary of State of Pennsylvania, there are no active liens of record other than those set out below. Liens reflected in this report were based on the searcher's individual search parameters, the search key entered, as well as the searcher's choice of the liens ultimately included or excluded herein. Certification can only be obtained through the office of the Pennsylvania Secretary of State.

1. UCC

Document No. 20030479147 **Lapses** 5/14/2023
Filed 5/14/2003

Debtor FREDERICK, LARRY R
R. R. #2, BOX 242
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
R. R. #2, BOX 242
MARTINSBURG PA 16662

Debtor RICH-LOU FARMS
R. D. #2
MARTINSBURG PA 16662

Secured Party UNITED STATES OF AMERICA, ACTING THROUGH THE FARM SERVICE AGENCY, UNITED STATES DEPARTMENT OF AGRICULTURE
10605 RAYSTOWN RD., STE B
HUNTINGDON PA 16652

Secured Party USA ACTING THROUGH USDA, FARM SERVICE AGENCY
1407 BLAIR STREET
HOLLIDAYSBURG PA 16648

Amendment Type Continuation
File No. 2007120500455
Filed 12/4/2007 8:30:00 AM

Amendment Type Amendment Collateral
File No. 2009070908921
Filed 7/9/2009 8:00:00 AM

Amendment Type Amendment Parties
File No. 2010121402948

Amendment Type Continuation
File No. 2012111501267
Filed 11/15/2012 9:19:00 AM

Amendment Type Continuation
File No. 2017111500647
Filed 11/15/2017 11:49:00 AM

2. UCC

Document No. 2011042803932 **Lapses** 4/28/2021
Filed 4/28/2011

Debtor FREDERICK, LARRY R.
1098 FREDERICK RD.
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E.
1098 FREDERICK RD.
MARTINSBURG PA 16662

Secured Party

Secured Party GROWMARK FS, LLC
308 NE FRONT STREET
MILFORD DE 19963

Amendment Type Continuation
File No. 2016031801432
Filed 3/18/2016 2:04:00 PM

3. UCC

Document No. 2014042405047 **Lapses** 4/24/2024
Filed 4/24/2014

Debtor FREDERICK, LARRY R
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
1098 FREDERICK ROAD
MARTINSBURG PA 16662

Secured Party SUSQUEHANNA COMMERCIAL FINANCE, INC.
2 COUNTRY VIEW ROAD, SUITE 300
MALVERN PA 19355

Amendment Type Continuation
File No. 2019031401795
Filed 3/14/2019 4:16:00 PM

4. UCC

Document No. 2014110702139 **Lapsed 11/7/2019**
Filed 11/7/2014

Debtor FREDERICK, LARRY R
1098 FREDERICK RD
MARTINSBURG PA 16662

Debtor FREDERICK, LARRY RICHARD
1098 FREDERICK RD
MARTINSBURG PA 16662

Debtor FREDERICK, SHARON E
1098 FREDERICK RD
MARTINSBURG PA 16662

Secured Party STEARNS BANK N.A.
500 13TH STREET
ALBANY MN 56307

5. UCC

Document No. 2014121904902 **Lapsed 12/19/2019**
Filed 12/19/2014

Debtor FREDERICK, LARRY R
1098 FREDERICK RD
MARTINSBURG PA 16662

Secured Party GE CAPITAL COMMERCIAL INC.
PO BOX 35701
BILLINGS MT 59107-5701

6. UCC

Document No. 2016011400382	Lapses 1/8/2021
Filed 1/8/2016	
Debtor FREDERICK, LARRY R 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Debtor FREDERICK, SHARON E 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Secured Party M&T BANK ONE M&T PLAZA BUFFALO NY 14203	

7. NOAltType

Document No. 2018022600889	Lapses 2/26/2023
Filed 2/26/2018	
Debtor FREDERICK, LARRY RICHARD 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Debtor FREDERICK, SHARON E 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Secured Party M&T BANK ONE M&T PLAZA BUFFALO NY 14203	

8. UCC

Document No. 2018122800209	Lapses 12/28/2023
Filed 12/28/2018	
Debtor FREDERICK, LARRY R 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Debtor FREDERICK, LARRY RICHARD 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Debtor FREDERICK, SHARON E 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Debtor RICH-LOU FARMS 1098 FREDERICK ROAD MARTINSBURG PA 16662	
Secured Party	
Secured Party CARGILL, INCORPORATED P.O. BOX 6034 FARGO ND 58108	

We assume no liability with respect to the identity of any party named or referred to in this report, nor with respect to the validity, legal effect or priority of any matter shown herein; nor, due to our inability to independently verify the accuracy of this data as provided by government and other sources, do we make any guaranty or representation as to its accuracy.

----- END OF REPORT -----

Report Parameters

The UCC Revised Article 9 Model Administrative Rules (MARS) provides state filing offices with a set of guidelines for producing a legally compliant UCC lien search report. The search tool used to create this search report was designed to satisfy the requirements under MARS while providing the searcher with increased flexibility.

Flexible search logic generates a more inclusive search report and addresses the inconsistencies in searches performed within states that did not effectively adopt the MARS guidelines. Further, these specially designed broad-based searching features aid in the location of involuntary liens such as Federal and State Tax Liens and Judgment Liens and liens that may not be located in state databases limited to the MARS guidelines for the reporting of UCCs.



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional]

Rick Steis (814) 695-1881

B SEND ACKNOWLEDGMENT TO (Name and Address)

USDA, Farm Service Agency
1407 Blair Street
Hollidaysburg, PA 16648

PA UCC - UCC008269

Filing Number: 846478
Statement Number: 20030479147
Filing Date: 5/14/03 21:28
Microfilm Number: 37370165

846478 /

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names
1a ORGANIZATION'S NAME

OR	1b INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Larry	MIDDLE NAME R	SUFFIX
1c MAILING ADDRESS R. R. #2, Box 242	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY US
1d TAX ID# SSN OR EIN ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION	1f JURISDICTION OF ORGANIZATION	1g ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME				
OR	2b INDIVIDUAL'S LAST NAME Frederick	FIRST NAME Sharon	MIDDLE NAME E	SUFFIX
2c MAILING ADDRESS R. R. #2, Box 242	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY US
2d TAX ID# SSN OR EIN ORGANIZATION DEBTOR	2e TYPE OF ORGANIZATION	2f JURISDICTION OF ORGANIZATION	2g ORGANIZATION ID #, if any	<input type="checkbox"/> NONE

3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME USA acting through USDA, Farm Service Agency				
OR	3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c MAILING ADDRESS 1407 Blair Street	CITY Hollidaysburg	STATE PA	POSTAL CODE 16648	COUNTRY US

4 This FINANCING STATEMENT covers the following collateral

All livestock and proceeds and products thereof now owned or hereafter acquired.

DISPOSITION OF SUCH IS NOT HEREBY AUTHORIZED.

5 ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	A G LIEN	NON-UCC FILING
6 <input type="checkbox"/> This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]	7 Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]			<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2

8 OPTIONAL FILER REFERENCE DATA



UCC FINANCING STATEMENT

PA UCC - UCC008270

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Jack R. Keith (814) 672-5396

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

CSB Bank
 PO Box 354
 1475 Main Street
 Coalport, PA 16627

Filing Number: 846534
 Statement Number: 20030479157
 Filing Date: 5/14/03 21:28
 Microfilm Number: 37370167

446534 ✓

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME

Randy J. Slovikosky d/b/a Slovikosky Landscaping

OR

1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c MAILING ADDRESS 355 Spinley Road	CITY Gallitzin	STATE PA	POSTAL CODE 16641
1d TAX ID # SSN OR EIN ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION Individual	1f JURISDICTION OF ORGANIZATION	1g ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

2b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE
2d TAX ID # SSN OR EIN ORGANIZATION DEBTOR	2e TYPE OF ORGANIZATION Individual	2f JURISDICTION OF ORGANIZATION	2g ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME

CSB BANK

OR

3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c MAILING ADDRESS 434 State Street, P.O. Box 29	CITY Curwensville	STATE PA	POSTAL CODE 16833

4. This FINANCING STATEMENT covers the following collateral

1996 Caterpillar 953 B Track Loader Serial #5MK02761; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) Cash proceeds, namely checks and/or deposit accounts, or anything else received from the sale, exchange, or other disposition of the collateral.

5 ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6 <input type="checkbox"/> This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum.	7. <input type="checkbox"/> REQUEST SEARCH REPORT(S) on Debtor(s) (optional)				All Debtors	Debtor 1
8 OPTIONAL FILER REFERENCE DATA						

File Number: 2007120500455
Date Filed: 12/04/2007 08:30 AM
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Christine Farabaugh 814 627-1624

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, Farm Service Agency
10605 Raystown RD., STE B
Huntingdon, PA 16652Commonwealth of Pennsylvania
UCC3 Amendment 2 Page(s)

T0733865252

L Acct # 30010

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE
200304791472. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assignor in Item 9.5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in Items 6 and/or 7.

 CHANGE name and/or address: Give current record name in Item 6a or 6b; also give new name (if name change) in Item 7a or 7b and/or new address (if address change) in Item 7c. DELETE name: Give record name to be deleted in Item 6a or 6b. ADD name: Complete Item 7a or 7b, and also Item 7c; also complete Items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME
Frederick FIRST NAME Larry MIDDLE NAME R SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.OR 9a. ORGANIZATION'S NAME
USDA, Farm Service Agency FIRST NAME MIDDLE NAME SUFFIX

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
20030479147

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME
USDA, Farm Service Agency

OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Additional Debtor on original:

Frederick, Sharon E
RR 2 Box 242
Martinsburg, PA 16662

File Number: 2009070908921
Date Filed: 07/09/2009 08:00 AM
Pedro A. Cortés
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Christine Farabaugh 814 627-1624

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, Farm Service Agency
10605 Raystown RD., STE B
Huntingdon, PA 16652

Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)



T0919060047

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

20030479147

1b. This FINANCING STATEMENT AMENDMENT is
to be filed [or record] (or recorded) in the
REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions
in regards to changing the name/address of a party.

DELETE name: Give record name
to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b, and also item 7c;
also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME					
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		
	Frederick	Larry	R		
6c. SUFFIX					
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		
			SUFFIX		
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
7d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

Including proceeds and products thereof: All accounts, general intangibles, crops, livestock, supplies, other farm products, and farm and other equipment now owned or hereafter acquired.

Disposition of such collateral is not hereby authorized

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.					
9a. ORGANIZATION'S NAME					
OR	USDA, Farm Service Agency				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
10. OPTIONAL FILER REFERENCE DATA					

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Christine Farabaugh 814 627-1624

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, Farm Service Agency
10605 Raystown RD., STE B
Huntingdon, PA 16652

Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)

T1034847018

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE

20030479147

1b. This FINANCING STATEMENT AMENDMENT is
 to be filed [for record] (or recorded) in the
REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name: Give record name
to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c;
also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

Frederick

FIRST NAME

Larry

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR United States of America, acting through the Farm Service Agency, United States Department of Agriculture

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

10605 Raystown RD., STE B

CITY

Huntingdon

STATE

PA

POSTAL CODE

16652

COUNTRY

7d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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 NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR United States of America, acting through the Farm Service Agency, United States Department of Agriculture

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

File Number: 2012111501267
Date Filed: 11/15/2012 09:19 AM
Carol Aichele
Secretary of the Commonwealth

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Corporation Service Company (425) 609-1700

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
801 Adlai Stevenson Dr
Springfield IL 62703
EMail: filingdept@cscinfo.com

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

20030479147

1b. This FINANCING STATEMENT AMENDMENT is
to be filed [for record] (or recorded) in the
 REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the
additional period provided by applicable law.

4. ASSIGNMENT (full or partial)

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record

CHANGE name and/or address

DELETE name

ADD name

6. CURRENT RECORD INFORMATION:

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME

Frederick

FIRST NAME

Larry

MIDDLE NAME

SUFFIX

8. AMENDMENT (COLLATERAL CHANGE)

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT DEBTOR authorizing this amendment

9a. ORGANIZATION'S NAME

United States of America, acting through Farm Service Agency, United States Department of Agriculture

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

71293709A1949 Debtor:Larry Frederick [71293709]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Corporation Service Company-(800) 858-5294

B. E-MAIL CONTACT AT FILER (optional)

filingdept@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company COUNTER
Springfield
IL 62703
United States

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

20030479147

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. TERMINATION: Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this
Termination Statement3. ASSIGNMENT: (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation
Statement is continued for the additional period provided by applicable law.5. PARTY INFORMATION CHANGE

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete

item 6a or 6b; and item 7a or 7b and item 7c

 ADD name: Complete item

7a or 7b, and item 7c

 DELETE name: give record name
to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

Larry

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c MAILING ADDRESS

CITY

STATE

POSTAL CODE

Country

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate Collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME

OR United States of America, acting through Farm Service Agency, United States Department of Agriculture

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Debtor: Larry Frederick [138854106]

International Association of Commercial Administrators (IACA)

File Number: 2011042803932
Date Filed: 04/28/2011 02:01 PM
Carol Aichele
Secretary of the Commonwealth**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

NCS UCC Services Group

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

NCS UCC Services Group

PO Box 24101

Cleveland OH 44124

EMail: ucc@ncscredit.com

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME

Frederick

FIRST NAME

Larry

MIDDLE NAME

R.

SUFFIX

1c. MAILING ADDRESS

1098 Frederick Rd.

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

USA

1e. TYPE OF ORGANIZATION

SoleProprietorship

1f. JURISDICTION OF ORGANIZATION

PA

1g. ORGANIZATIONAL ID #

None None

2. DEBTOR'S EXACT FULL LEGAL NAME

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

Frederick

FIRST NAME

Sharon

MIDDLE NAME

E.

SUFFIX

2c. MAILING ADDRESS

1098 Frederick Rd.

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

USA

2e. TYPE OF ORGANIZATION

SoleProprietorship

2f. JURISDICTION OF ORGANIZATION

PA

2g. ORGANIZATIONAL ID #

None None

1. SECURED PARTY'S NAME

2a. ORGANIZATION'S NAME

Growmark FS, LLC

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

308 NE Front Street

CITY

Milford

STATE

DE

POSTAL CODE

19963

COUNTRY

USA

This FINANCING STATEMENT covers the following collateral:

To secure the performance of all agreements contained herein and the payment of any and all of Debtor's indebtedness to Company, of every kind and character, direct or indirect, absolute or contingent, whether as maker, endorser, guarantor or surety, whether now existing or hereafter incurred, and whether such indebtedness is from time to time reduced and thereafter increased or entirely extinguished and thereafter reincurred, including but not limited to, indebtedness evidenced by promissory notes or other instruments executed by Debtor to the order of the Company, credit extended by the Company on open account to Debtor, future advances and any sums advanced by the Company in the performance of Debtor's obligations hereunder, any licenses, fees, insurance and repairs with respect to Collateral, and an attorney fees and other charges and expenses incurred in the collection of the obligations secured hereby ("the Indebtedness"), Debtor hereby grants Company a security interest in and to all personal property of the Debtor, including without limitation, the following described property, whether now owned or hereafter acquired by Debtor, including all additions, replacements, accessories, accessions, increases, substitutions and parts thereto and thereof, and all proceeds, accounts and general intangibles, contract rights, government payments,

5. ALTERNATE NAME DESIGNATION LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

8. OPTIONAL FILER REFERENCE DATA

100000020110428140137 UCC# U094803

subsidies, entitlements and allotments related thereto or arising therefrom and all products thereof, ("the Collateral"); ACCOUNTS AND DOCUMENTS OF TITLE: Including, but not limited to, all accounts receivable, notes, drafts, acceptances, milk contract rights, and all other forms of obligations or receivables ("ACCOUNTS") and all bills of lading, dock warrants and receipts, warehouse receipts, and any other document which evidences that the person in possession of it is entitled to receive, hold, and dispose of the document and the goods it covers ("DOCUMENTS"). LIVESTOCK: All livestock, poultry, and fish, including, but not limited to other animals produced, used or held for commercial or farming purposes, and unborn young ("LIVESTOCK"). CROPS: All growing and harvested crops, annual and perennial crops and other plant products, now growing or hereafter to be planted or harvested ("CROPS"). FARM PRODUCTS: All farm products, including, but not limited to, all seed, fertilizer, feed, medicines, harvested and stored grain, milk and other supplies or products used or produced in farming operations ("FARM PRODUCTS"). EQUIPMENT: All farm and business equipment including but limited to, all machinery, vehicles and tools ("EQUIPMENT"). Any equipment described in a list or schedule I give you will be included as Collateral, but such a list is not necessary for a valid secured interest in such equipment.

UCC FINANCING STATEMENT AMENDMENT**FOLLOW INSTRUCTIONS****A. NAME & PHONE OF CONTACT AT FILER (optional)**

NCS UCC Services Group-

B. E-MAIL CONTACT AT FILER (optional)

ucc@ncscredit.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

2011042803932

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]

(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. **TERMINATION:** Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this
Termination Statement3. **ASSIGNMENT:** (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation
Statement is continued for the additional period provided by applicable law.**5. PARTY INFORMATION CHANGE**

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete

item 6a or 6b; and item 7a or 7b and item 7c

 ADD name: Complete item

7a or 7b, and item 7c

 DELETE name: give record name

to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

Country

8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate Collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME

OR

Growmark FS, LLC

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

UCC# U094803

File Number: 2014042405047
 Date Filed: 04/24/2014 02:50 PM
 Carol Aichele
 Secretary of the Commonwealth

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CT Lien Solutions

B. E-MAIL CONTACT AT FILER (optional)

qiang.xu@wkglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

CT Lien Solutions
 PO Box 3248
 Houston TX 77253

Barcode too big to fit in this area

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME
FREDERICK

FIRST PERSONAL NAME
LARRY

ADDITIONAL NAME(S)/INITIAL(S)
R

SUFFIX

1c. MAILING ADDRESS
1098 FREDERICK ROAD

CITY
MARTINSBURG

STATE
PA POSTAL CODE
16662

COUNTRY
USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME
FREDERICK

FIRST PERSONAL NAME
SHARON

ADDITIONAL NAME(S)/INITIAL(S)
E

SUFFIX

2c. MAILING ADDRESS
1098 FREDERICK ROAD

CITY
MARTINSBURG

STATE
PA POSTAL CODE
16662

COUNTRY
USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
SUSQUEHANNA COMMERCIAL FINANCE, INC.

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS
2 COUNTRY VIEW ROAD, SUITE 300

CITY
MALVERN

STATE
PA POSTAL CODE
19355

COUNTRY
USA

4. COLLATERAL : This financing statement covers the following collateral:

GOODS, SOFTWARE AND EQUIPMENT FINANCED BY SECURED PARTY THROUGH "PURCHASE MONEY" OR LEASE TRANSACTIONS (COLLECTIVELY, "SCF FINANCED GOODS") WHETHER NOW EXISTING OR HEREAFTER IN EXISTENCE, BEING EITHER:

A. GOODS WHICH ARE THE SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR

B. GOODS ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT PROVIDED BY SECURED PARTY.

SCF FINANCED GOODS SHALL INCLUDE, WITHOUT LIMITATION:

(I) VEHICLES, TOOLS, AND APPLIANCES;

(II) THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRIPTION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLAR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAYS,

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction

Manufactured-Home Transaction

A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien

Non-UCC Filing

7. ALTERNATE DESIGNATION (if applicable) :

Lessee/Lessor

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

48484235 PA-0-43007047-48484235

MATERIAL HANDLING/LIFTS, RESTAURANT, GAMING EQUIPMENT, PARTY AND OFFICE EQUIPMENT AND MACHINERY;
(III) ALL SUBSTITUTIONS AND REPLACEMENTS FOR THE FOREGOING ITEMS, AND ACCESSIONS THERETO,
ATTACHMENTS, AND OTHER ADDITIONS TO SUCH SCF FINANCED GOODS, ALL PRODUCTS AND ALL PROCEEDS THEREOF
(INCLUDING INSURANCE PROCEEDS);
(IV) ALL SOFTWARE RELATED TO THE SCF FINANCED GOODS.

UCC FINANCING STATEMENT AMENDMENT**FOLLOW INSTRUCTIONS****A. NAME & PHONE OF CONTACT AT FILER (optional)**

Lien Solutions-800-331-3282

B. E-MAIL CONTACT AT FILER (optional)

uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lien Solutions P.O. Box 29071
Glendale
CA 91209-9071
United States

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**1a. INITIAL FINANCING STATEMENT FILE NUMBER**

2014042405047

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]

(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. **TERMINATION:** Effectiveness of the financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this
Termination Statement3. **ASSIGNMENT:** (Full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation
Statement is continued for the additional period provided by applicable law.**5. PARTY INFORMATION CHANGE**

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete

item 6a or 6b; and item 7a or 7b and item 7c

 ADD name: Complete item

7a or 7b, and item 7c

 DELETE name: give record name
to be deleted in item 6a or 6b**6. CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Completed for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's Name)

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

Country

8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate Collateral:**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME

OR SUSQUEHANNA COMMERCIAL FINANCE, INC.

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

PA-0-68944310-56716335

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Christopher T. Michelone, Esq.
McQuaide Blasko, Inc.
601 Hawthorne Drive
Hollidaysburg, PA 16648



TML160114UZ0400

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME Frederick	FIRST PERSONAL NAME Larry	ADDITIONAL NAME(S)/INITIAL(S) R	SUFFIX
1c. MAILING ADDRESS 1098 Frederick Road	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME Frederick	FIRST PERSONAL NAME Sharon	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX
2c. MAILING ADDRESS 1098 Frederick Road	CITY Martinsburg	STATE PA	POSTAL CODE 16662	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME M&T Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One M&T Plaza	CITY Buffalo	STATE NY	POSTAL CODE 14203	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, including, without limitation, all of the Debtor's Equipment (including, but not limited to, machinery, vehicles and furniture), Fixtures, Inventory, Accounts, Investment Property, chattel Paper, Instruments, Documents and General Intangibles, wherever located, whether now owned or hereafter acquired or arising.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Lessee Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER(Optional)

-

B. E-MAIL CONTACT AT FILER(optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Christopher T Michelone
601 Hawthorne Drive, Suite 2A
Hollidaysburg PA 16648

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify or abbreviate any part of Debtor's name.

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

Larry

ADDITIONAL NAME(S)/INITIAL(S)

Richard

SUFFIX

1c. MAILING ADDRESS

1098 Frederick Road

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

United States

2. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify, or abbreviate any part of the Debtor's name.

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

Sharon

ADDITIONAL NAME(S)/INITIAL(S)

E

SUFFIX

2c. MAILING ADDRESS

1098 Frederick Road

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

United States

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

M&T Bank

OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

Sharon

ADDITIONAL NAME(S)/INITIAL(S)

E

SUFFIX

3c. MAILING ADDRESS

One M&T Plaza

CITY

Buffalo

STATE

NY

POSTAL CODE

14203

COUNTRY

United States

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, including, without limitation, all of the Debtor's Equipment (including, but not limited to, machinery, vehicles and furniture), Fixtures, Inventory, Accounts, Investment Property, chattel Paper, Instruments, Documents and General Intangibles, wherever located, whether now owned or hereafter acquired or arising.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

 Agricultural Lien Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1101-467

International Association of Commercial Administrators(IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/19/12)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER(Optional)

NCS UCC Services Group-

B. E-MAIL CONTACT AT FILER(optional)

ucc@ncscredit.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

NCS UCC Services Group
PO Box 24101
Cleveland
OH 44124
United States

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify or abbreviate any part of Debtor's name.

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

Larry

ADDITIONAL NAME(S)/INITIAL(S)

R

SUFFIX

1c. MAILING ADDRESS

1098 Frederick Road

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

USA

2. DEBTOR'S NAME: Provide the exact, full Debtor name. Do not omit, modify, or abbreviate any part of the Debtor's name.

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

Sharon

ADDITIONAL NAME(S)/INITIAL(S)

E

SUFFIX

2c. MAILING ADDRESS

1098 Frederick Road

CITY

Martinsburg

STATE

PA

POSTAL CODE

16662

COUNTRY

USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Cargill, Incorporated

OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

P.O. Box 6034

CITY

Fargo

STATE

ND

POSTAL CODE

58108

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

Customer hereby grants Secured Party a purchase money security interest in inventory, products, accounts receivables, or other items and all agricultural products or services received or obtained through this extension of credit.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

 Agricultural Lien Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC# U241566Ref# 924122

International Association of Commercial Administrators(IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/19/12)

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

a. ORGANIZATION'S NAME

OR b. INDIVIDUAL'S SURNAME

Frederick

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Larry

Richard

c. MAILING ADDRESS

1098 Frederick Road

CITY

STATE

POSTAL CODE

COUNTRY

Martinsburg

PA

16662

USA

ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (a or b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

a. ORGANIZATION'S NAME

Rich-Lou Farms

OR b. INDIVIDUAL'S SURNAME

1098 Frederick Road

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Larry

Richard

c. MAILING ADDRESS

1098 Frederick Road

CITY

STATE

POSTAL CODE

COUNTRY

Martinsburg

PA

16662

USA

ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (a or b)

a. ORGANIZATION'S NAME

OR b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Larry

Richard

c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

Martinsburg

PA

16662

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut

covers as-extracted collateral

is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS: